

Agenda Item Number: 9-5-13.5E

**SANDOVAL COUNTY
BOARD OF COUNTY COMMISSIONERS**

**Date of Commission
Meeting:**

August 5, 2013

**Division / Elected
Office:**

Fire Department

Staff Contact:

James Maxon, Fire Chief

Title of Item:

Agreement with Presbyterian Medical Services

Action Requested:

Motion to Approve a Professional Services Agreement between Sandoval County and Presbyterian Medical Services for Ambulance Services / \$82,500

Summary:

Sandoval County contracts with Presbyterian Medical Services to provide ambulance services to the area around Cuba. This contract helps Presbyterian Medical Services offset their operating costs when responding to ambulance calls in the Unincorporated Areas of Sandoval County.

Attachments:

Professional Services Agreement

FISCAL IMPACT

This contract will cost Sandoval County \$82,500. The funds have been budgeted in the general fund for this fiscal year.

STAFF ANALYSIS SUMMARY

County Manager:

Recommend Board of County Commission approval. PPR 08/30/2013

**Initiating Elected Official /
Division Director:**

Request approval JHM 8/29/13

Legal:

Approved as to form 8/29/13 PFT

Finance:

Funding in place-Recommend Approval
CCH 8/30/13

PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT is made and entered into by and between the County of Sandoval, Hereinafter referred to as the "County", and Presbyterian Medical Services, hereinafter referred to as the "Contractor".

WHEREAS, the services provided through this agreement are needed to protect the health, safety and welfare of residents in the Cuba area of Sandoval County.

WHEREAS, Contractor is ready willing and able to provide these services.

WHEREAS, this agreement allows the parties to jointly operate a common health care service.

WHEREAS, the County has determined that the arrangement will or is likely to reduce health care costs, improve quality of care or improve access to care for County residents.

IT THEREFORE MUTUALLY AGREED BETWEEN THE PARTIES:

1. SCOPE OF WORK

The Contractor shall render the following services:

- a) Provide Ambulance transport services and related emergency medical care services within a fifty (50) mile radius of the Village of Cuba, New Mexico, but outside the Village limits of Cuba, New Mexico. All services provided by the Contractor pursuant to this contract shall comply with the requirements of Public Regulation Commission and the New Mexico Motor Carriers Act.
- b) The Contractor shall attach a current photocopy to this agreement of the Contractors certificate to operate an ambulance service from the Public Regulation Commission.
- c) A current list of personnel that are employed by the Contractor as Emergency Medical Technicians licensed by the State of New Mexico shall be provided to the County.
- d) The Contractor shall provide data for evaluation which shall include financial needs. Number of calls, number of transports, fee schedules, current tariff rates, administrative costs, operating costs, reimbursements and collections for the past fiscal year.
- e) **No Payment** will be made until receipt by the County of the data. The Contractor will also provide its financial statements within sixty (60) days of the effective date of this agreement.

2. COMPENSATION

The County shall pay to the Contractor in full payment for services to be rendered during fiscal year 2013-2014 the sum of \$82,500.00, including gross receipts tax, if applicable. The County shall pay the Contractor as quickly as is reasonably possible after satisfactory receipt of the documentation set forth in items (b), (c), and (d) in Paragraph 1 (SCOPE OF WORK) above and a detailed invoice. Satisfactory documentation shall be determined within the sole discretion of the County. Contractor will provide this documentation no later than sixty (60) days after all parties have approved this Agreement. A one-time

payment, up to \$82,500, shall be made by the County at the beginning of the County Fiscal year after receipt of the invoice and the above-referenced documentation from the Contractor. This payment shall be used by the contractor to assist the contractor in payment of salaries and benefits and such other operational expenses incurred by the contractor in providing this service to the County.

3. TERM

This agreement shall become effective on the date of execution of this Agreement by all parties and shall terminate on June 30, 2014, unless terminated pursuant to Paragraph 4, below. However, this agreement may be renewed for an additional one (1) year upon the execution of a separate written agreement executed by all parties to this agreement pursuant to paragraph 14.

4. TERMINATION

This Agreement may be terminated by either of the parties hereto upon written notice delivered to the other party at least thirty (30) days prior to the intended date of termination. By such termination, neither party may nullify obligations already incurred for performance or failure to perform prior to the date of termination.

5. STATUS OF CONTRACTOR

The Contractor and his agents and employees are independent contractors performing professional services for the County, and are not employees of the County. Notwithstanding that the Contractor enters into and performs under this Agreement, the Contractor and his agents and employees shall not accrue leave, participate in retirement plans, insurance plans, or liability bonding, use County vehicles, or participate in any other benefits afforded to employees of the County.

6. ASSIGNMENT

The Contractor shall not assign or transfer any interest in this Agreement or assign any claims for money due or to become due under this Agreement without the prior written approval of the County.

7. SUBCONTRACTING

The Contractor shall not subcontract any portion of the services to be performed under this Agreement without the prior written approval of the County.

8. LIABILITY AND INSURANCE

It is expressly understood and agreed by and between the parties hereto that the Parties shall hold each other harmless for all losses damages, claims or judgments on account of any suit, judgment, execution, claim, action or demand whatsoever resulting from either Party's actions or inactions under this Agreement.

The Contractor must provide proof of liability insurance in the amounts required under the New Mexico Tort Claims Act, as amended. Such insurance policy shall name the County as an additional insured.

9. RECORDS AND AUDIT

The Contractor shall maintain detailed records of all services identified in the Scope of Work. The

County shall have the right to inspect all records and to audit billings both before and after payment; payment under this Agreement shall not foreclose the right of the County to recover excessive or illegal payments.

10. RELEASE

The Contractor, upon final payment of the amount due under this Agreement, releases the County, its officers, agents and employees from all liabilities, claims and obligations whatsoever arising from or under this Agreement. The Contractor agrees not to purport to bind the County to any obligation not agreed to unless the contractor has express written authority from the County to do so, and then only within the strict limitations of that authority.

11. CONFIDENTIALITY

Any confidential information provided to or developed by the Contractor in the performance of this Agreement shall be kept confidential and shall not be made available to any individual or organization by the Contractor without the prior written approval of the County or order of a court of appropriate jurisdiction.

12. PRODUCT OF SERVICES: COPYRIGHT

All materials developed or acquired by the Contractor under this Agreement shall become the property of the County and shall be delivered to the County as provided for in this Agreement, but no later than the termination date of this Agreement. Nothing produced, in whole or in part, by the Contractor under this Agreement shall be the subject of an application for copyright by or on behalf of the Contractor.

13. CONFLICT OF INTEREST

The Contractor warrants that he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required under this Agreement.

14. AMENDMENT

This Agreement shall not be altered, changed or amended except by instrument in writing executed by the parties hereto.

15. ADDITIONAL SERVICES

The parties agree that all tasks set forth in the Scope of Work, Paragraph 1 of this Agreement, shall be completed in full, to the satisfaction of the County, for the amount set forth in Paragraph 2 of this Agreement, and for no other costs, amount, fee, or expense.

If the parties agree that additional services are necessary, those services will be contracted for separately, by a written contract or by amendment to this Agreement.

16. SCOPE OF AGREEMENT

This Agreement incorporates all the agreements, covenants, and understandings between the parties hereto concerning the subject matter hereof, and all such agreements, covenants and understanding have been merged into this written Agreement. No prior agreement, covenant or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

17. COUNTY OBLIGATION

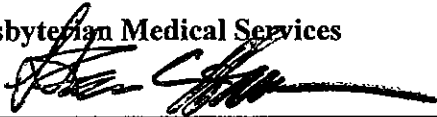
The County shall designate the County Manager or designee to act as liaison between the County the Contractor.

18. APPLICABLE LAW

This Agreement shall be governed by the Ordinances of the County of Sandoval and the laws of the State of New Mexico.

IN WITNESS WHEREOF, the parties have executed this Agreement this _____ day of _____, 2013

Presbyterian Medical Services



Steven C. Hansen, President
Presbyterian Medical Services

85-0206810

Contractor Federal Tax Identification No.

Sandoval County Board of Commissioners

Darryl Madalena
Chairman, Sandoval County Commission

Nora Scherzinger
Vice-Chairman

Orlando J. Lucero

Don Chapman

Glenn Walters

ATTEST:

Eileen Garbagni, County Clerk

APPROVED AS TO FORM:

Patrick F. Trujillo, County Attorney

| CUBA AMBULANCE FINANCIALS - July 1, 2011 through June 30, 2012 | | | |
|--|--------------------------------|------------------------|--|
| | | July-June 2010-2011 | |
| ACCOUNT | DESCRIPTION-7 | Actual | |
| 410100-0000 | PATIENT FEES | 56,866.00 | |
| 410600-0000 | PATIENT ALLOWANCE | (29,011.00) | |
| 410800-0000 | PATIENT SLIDING FEE SCALE | (28,283.00) | |
| 411100-0000 | PRIVATE INS. FEES | 43,950.00 | |
| 411600-0000 | PRIVATE INS. ALLOWANCE | (4,151.00) | |
| 411900-0000 | PRIVATE INS. ADJUSTMENT | (10,957.00) | |
| 412100-0000 | IHS FEES | 104,928.00 | |
| 412200-0000 | IHS CAPITATED | 82,312.00 | |
| 412900-0000 | IHS CONTRACTUAL ADJUSTMENT | (104,928.00) | |
| 413100-0000 | MEDICARE A FEES | 51,164.00 | |
| 413600-0000 | MEDICARE ALLOWANCE | (6,720.00) | |
| 413900-0000 | MEDICARE A CONTRACTUAL ADJUSTM | (19,001.00) | |
| 414100-0000 | MEDICAID FEES | 73,158.00 | |
| 414112-0000 | LOVELACE MEDICAL | - | |
| 414120-0000 | LOVELACE TRANSPORTATION | 6,517.00 | |
| 414122-0000 | LOVELACE CONTRACTUAL ADJUSTMEN | (2,023.00) | |
| 414123-0000 | LOVELACE ALLOWANCE | (558.00) | |
| 414140-0000 | MOLINA TRANSPORTATION | (882.00) | |
| 414142-0000 | MOLINA CONTRACTUAL ADJUSTMEN | (3,278.00) | |
| 414143-0000 | MOLINA ALLOWANCE | (893.00) | |
| 414160-0000 | PRESBYTERIAN TRANSPORTATION | 23,855.00 | |
| 414162-0000 | PRESBYTERIAN CONTRACTUAL ADJUS | (11,401.00) | |
| 414163-0000 | PRESBYTERIAN ALLOWANCE | (692.00) | |
| 414180-0000 | AMERIGROUP | 3,914.00 | |
| 414182-0000 | AMERIGROUP CONTRACTUAL ADJUSTM | 28.00 | |
| 414183-0000 | AMERIGROUP ALLOWANCE | 3,495.00 | |
| 414184-0000 | UHC COMMUNITY PLAN | 18,116.00 | |
| 414188-0000 | UHC COMMUNITY PLAN ADJUSTMENT | (10,716.00) | |
| 414189-0000 | UHC COMMUNITY PLAN ALLOWANCE | (891.00) | |
| 414190-0000 | BLUE SALUD MEDICAL | 2,096.00 | |
| 414192-0000 | BLUE SALUD CONTRACTUAL ADJ | (814.00) | |
| 414193-0000 | BLUE SALUD ALLOWANCE | 33.00 | |
| 414600-0000 | MEDICAID ALLOWANCE | (2,529.00) | |
| 414900-0000 | MEDICAID CONTRACTUAL ADJUSTMNT | (35,600.00) | |
| 443100-0000 | COUNTY/SANDOVAL | 82,500.00 | |
| 444000-0000 | COUNTY INDIGENT | (1,194.00) | |
| 444400-0000 | LOCAL GOVERNMENT REVENUE | - | |
| 510000-0000 | OTHER REV:INTEREST INCOME | - | |
| | Total REVENUES | 278,410.00 | |
| 602100-0000 | SALARY | 224,171.00 | |
| 602600-0000 | CE PAY | 4,588.00 | |

| | | | |
|-------------|------------------------------|--------------|--|
| 602700-0000 | OTHER PAY | 1,130.00 | |
| 603500-0000 | LICENSURE STIPEND | 2,821.00 | |
| 605000-0000 | OVERTIME | 31,297.00 | |
| 610100-0000 | BENEFITS | 83,601.00 | |
| 620100-0000 | IN STATE TRAVEL | 126.00 | |
| 630000-0000 | OFFICE SUPPLIES | 128.00 | |
| 631000-0000 | PROGRAM SUPPLIES | 916.00 | |
| 632100-0000 | MEDICAL SUPPLIES | 13,317.00 | |
| 632700-0000 | OXYGEN | 369.00 | |
| 633100-0000 | MAINTENANCE SUPPLIES | 1,577.00 | |
| 612100-0000 | MEDICAL CONTRACT | 349.00 | |
| 643000-0000 | LEGAL | 341.00 | |
| 645100-0000 | OTHER CONTRACT SERVICES | 8.00 | |
| 647000-0000 | I/C BILLING OFFICE | 2,145.00 | |
| 652000-0000 | MALPRACTICE | 1,727.00 | |
| 654000-0000 | AUTO INSURANCE | 3,179.00 | |
| 670200-0000 | COMPUTER HARDWARE | 824.00 | |
| 670500-0000 | I/C COMPUTER SUPPORT | 270.00 | |
| 671100-0000 | LICENSES | 110.00 | |
| 671400-0000 | REFERENCE LIBRARY | 72.00 | |
| 671800-0000 | EMPLOYEE RELATIONS | 136.00 | |
| 673000-0000 | RECRUITMENT | 447.00 | |
| 674100-0000 | EQUIPMENT RENTALS | - | |
| 675000-0000 | EQUIP. REPAIR & MAINT. | 298.00 | |
| 676100-0000 | EQUIPMENT DEPRECIATION:PMS | 7,470.00 | |
| 676300-0000 | EQUIPMENT DEPRECIATION:STATE | 18,750.00 | |
| 678100-0000 | GASOLINE | 35,279.00 | |
| 678200-0000 | VEHICLE R & M | 7,789.00 | |
| 682000-0000 | UTILITIES | 4,312.00 | |
| 681100-0000 | BLDG. DEPRECIATION PMS | - | |
| 690000-0000 | TELEPHONE | 3,386.00 | |
| 691000-0000 | POSTAGE | 12.00 | |
| 802000-0000 | OTHER ADMIN. COSTS | 8,960.00 | |
| 807000-0000 | PMS INDIRECT | 41,361.00 | |
| | Total EXPENSES | 501,266.00 | |
| | Total NET INCOME | (222,856.00) | |

CUBA AMBULANCE SERVICE CURRENT LIST OF EMS PERSONNEL

| NAME | CERT. LEVEL | CERT. # | EXP. DATE | EVOC COURSE DATE |
|-------------------------------|------------------|----------|-----------|------------------------|
| THOMAS MONTOYA | EMT-I | 00015089 | 03/2013 | 11/2005 |
| STEPHEN CLEGG | EMT-I | 07001217 | 03/2013 | 09/2012 |
| ED EBY | EMT-I | 00021731 | 03/2013 | 11/2005 |
| JOHN ESTRADA | EMT-I | 00022542 | 03/2013 | 09/2012 |
| HOLLY KREHBIEL | EMT-I | 09000771 | 03/2014 | 06/2012 |
| MATTHEW LIVINGSTON | EMT-I | 10001566 | 03/2014 | 04/2011 |
| TERRY LOWERY | EMT-I | 00019813 | 03/2013 | 11/2005 |
| ROBERT YOUNG | EMT-I | 00017524 | 03/2013 | 11/1999 |
| MARY LUCERO | EMT-I | 00010733 | 03/2012 | 11/2005 |
| MYRA SANDE | EMT-I | 00021244 | 03/2013 | 11/2005 |
| JULIE WALSH | EMT-I | 00019133 | 03/2013 | 02/2002 |
| SILVESTRE HURTADO | EMT-B | 00026383 | 03/2012 | 11/2005 |
| BENJIE SAM | EMT-I | 04001918 | 03/2012 | 10/2005 |
| GARRETT GRANTHAM- PHILLIPS | EMT-I | 09001427 | 03/2013 | 08/2011 |
| DR. TIM GARCIA | MEDICAL DIRECTOR | | | |

Ambulance Run Data Report
Cuba Health Center Ambulance Service
From 07/01/12 To 08/30/13
Total Number of Runs Based on Search Criteria: 722

Runs by City

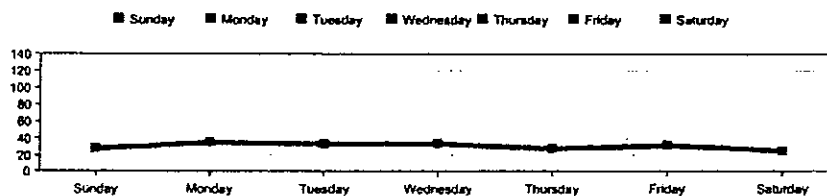
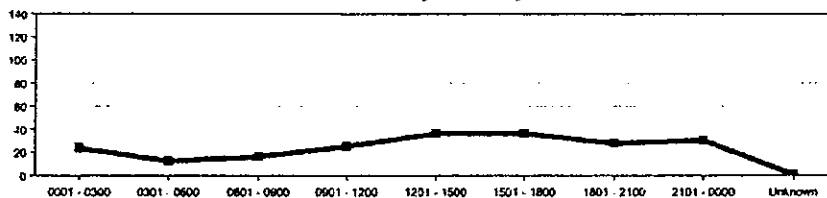
| City | # of Runs | % of Runs |
|--------------------------------|------------|-------------|
| BERNALILLO | 1 | 0.14% |
| Counseelor | 18 | 2.49% |
| Crownpoint | 1 | 0.14% |
| Cuba | 648 | 89.75% |
| GALLINA | 6 | 0.83% |
| La Jara | 15 | 2.08% |
| Lindrith | 4 | 0.55% |
| Nageezi | 1 | 0.14% |
| Pueblo Pintado (Indian School) | 2 | 0.28% |
| REGINA | 9 | 1.25% |
| Torreón | 1 | 0.14% |
| Torreón (Trading Post) | 13 | 1.80% |
| Unknown | 3 | 0.42% |
| Total | 722 | 100% |

Runs by County

| County | # of Runs | % of Runs |
|--------------|------------|-------------|
| McKinley | 3 | 0.42% |
| RIO ARRIBA | 10 | 1.38% |
| San Juan | 1 | 0.14% |
| Sandoval | 704 | 97.51% |
| Torrance | 1 | 0.14% |
| Unknown | 3 | 0.42% |
| Total | 722 | 100% |

Times of Call

| Time Period | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total | Percentage |
|--------------|-----------|------------|------------|------------|-----------|------------|-----------|------------|-------------|
| 0001 - 0300 | 9 | 16 | 9 | 17 | 11 | 11 | 9 | 82 | 11.36% |
| 0301 - 0600 | 3 | 14 | 6 | 8 | 2 | 8 | 6 | 43 | 5.96% |
| 0601 - 0900 | 4 | 6 | 11 | 7 | 12 | 9 | 7 | 56 | 7.76% |
| 0901 - 1200 | 9 | 11 | 9 | 19 | 11 | 14 | 14 | 87 | 12.05% |
| 1201 - 1500 | 20 | 21 | 21 | 15 | 17 | 19 | 12 | 125 | 17.31% |
| 1501 - 1800 | 18 | 24 | 24 | 20 | 13 | 17 | 8 | 125 | 17.31% |
| 1801 - 2100 | 14 | 11 | 16 | 14 | 10 | 14 | 17 | 96 | 13.30% |
| 2101 - 0000 | 15 | 14 | 15 | 15 | 17 | 17 | 12 | 105 | 14.54% |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0.42% |
| Total | 89 | 117 | 111 | 113 | 93 | 107 | 86 | 722 | 100% |

Call Volume by Day of WeekCall Volume by Hour of DayRuns by Provider Impression

| Provider Impression | # of Times | % of Times |
|-------------------------|------------|------------|
| Abdominal Pain/Problems | 57 | 7.89% |
| Allergic Reaction | 4 | 0.55% |

| | | |
|-------------------------------------|------------|-------------|
| Altered Level of Consciousness | 18 | 2.22% |
| Asthma | 8 | 0.83% |
| Back Pain (Non-Traumatic) | 7 | 0.87% |
| Behavioral/Psychiatric Disorder | 11 | 1.52% |
| Burns - Chemical | 1 | 0.14% |
| Cardiac Rhythm Disturbance | 3 | 0.42% |
| Chest Pain/Discomfort | 39 | 5.40% |
| CHF (Congestive Heart Failure) | 1 | 0.14% |
| COPD (Emphysema/Chronic Bronchitis) | 1 | 0.14% |
| Dehydration | 2 | 0.28% |
| Diabetic Hyperglycemia | 5 | 0.69% |
| Diabetic Symptoms (Hypoglycemia) | 11 | 1.52% |
| Epistaxis (Non-Traumatic) | 2 | 0.28% |
| ETOH Abuse | 42 | 5.82% |
| Fever | 15 | 2.08% |
| G.I. Bleed | 2 | 0.28% |
| General Malaise | 4 | 0.55% |
| Headache | 18 | 2.49% |
| Hypertension | 2 | 0.28% |
| Hypothermia | 2 | 0.28% |
| Nausea/Vomiting (Unknown Etiology) | 11 | 1.52% |
| No Apparent Illness/Injury | 67 | 9.28% |
| Not Applicable | 79 | 10.94% |
| Not Known | 8 | 0.83% |
| OB/Delivery | 7 | 0.97% |
| Obvious Death | 2 | 0.28% |
| Other | 42 | 5.82% |
| Other Endocrine/Metabolic Problem | 1 | 0.14% |
| Other GU Problems | 1 | 0.14% |
| Other Illness/Injury | 29 | 4.02% |
| Other OB/Gyn | 2 | 0.28% |
| Pain | 64 | 8.86% |
| Patient Assist Only | 2 | 0.28% |
| Poisoning/Drug Ingestion | 5 | 0.69% |
| Pregnancy/OB Delivery | 9 | 1.25% |
| Respiratory Distress | 24 | 3.32% |
| Seizure | 11 | 1.52% |
| Sepsis | 1 | 0.14% |
| Stroke/CVA | 10 | 1.39% |
| Substance/Drug Abuse | 1 | 0.14% |
| Syncopal/Fainting | 2 | 0.28% |
| TIA (Transient Ischemic Attack) | 1 | 0.14% |
| Traumatic Injury | 74 | 10.25% |
| Unconscious | 5 | 0.69% |
| Unknown Problem | 4 | 0.55% |
| Vaginal Hemorrhage | 4 | 0.55% |
| Weakness | 6 | 0.83% |
| Unknown | 1 | 0.14% |
| Total | 722 | 100% |

Runs by Response Disposition

| Response Disposition | # of Times | % of Times |
|---|------------|-------------|
| Cancelled (no patient contact) | 93 | 12.88% |
| Dead at Scene | 2 | 0.28% |
| No Patient Found | 4 | 0.55% |
| No Treatment Required | 54 | 7.48% |
| Not Applicable | 2 | 0.28% |
| Patient Refused Care | 123 | 17.04% |
| Standby Only - No Patient Contacts | 1 | 0.14% |
| Treated / Evaluated, Transported by EMS (ALS) | 134 | 18.56% |
| Treated / Evaluated, Transported by EMS (BLS) | 83 | 11.50% |
| Treated and Released | 42 | 5.82% |
| Treated, Transferred Care | 25 | 3.46% |
| Treated, Transported by EMS | 140 | 19.39% |
| Treated, Transported by Law Enforcement | 7 | 0.97% |
| Treated, Transported by Private Vehicle | 11 | 1.52% |
| Unknown | 1 | 0.14% |
| Total | 722 | 100% |

Runs by Response Request

| Response Request | # of Times | % of Times |
|--------------------------------------|------------|-------------|
| 911 Response (Scene) | 594 | 82.27% |
| Flagdown/Walk-in Emergent | 1 | 0.14% |
| Intercept | 3 | 0.42% |
| Interfacility Transfer (Unscheduled) | 2 | 0.28% |
| Medical Transport | 12 | 1.66% |
| Mutual Aid | 2 | 0.28% |
| Unknown | 108 | 14.96% |
| Total | 722 | 100% |

Runs by Dispatch Reason

| Dispatch Reason | # of Times | % of Times |
|-----------------|------------|------------|
| Abdominal Pain | 61 | 8.45% |

| | | |
|---|------------|-------------|
| Altered Mental Status | 9 | 1.25% |
| Anaphylactic Reaction | 8 | 1.11% |
| Animal Bite | 4 | 0.55% |
| Assault | 30 | 4.16% |
| Auto vs. Pedestrian | 1 | 0.14% |
| Back Pain (Non-Traumatic/Non-Recent Trauma) | 7 | 0.97% |
| Breathing Problem | 74 | 10.25% |
| Burns | 4 | 0.55% |
| Cardiac Arrest | 1 | 0.14% |
| Chest Pain | 43 | 5.96% |
| Choking | 2 | 0.28% |
| CO Poisoning/Hazmat | 1 | 0.14% |
| Diabetic Problem | 19 | 2.63% |
| Eye Problem / Injury | 2 | 0.28% |
| Fall Victim | 34 | 4.71% |
| Headache | 11 | 1.52% |
| Heat/Cold Exposure | 3 | 0.42% |
| Hemorrhage/Laceration | 12 | 1.66% |
| Ingestion/Poisoning | 4 | 0.55% |
| Intercept | 2 | 0.28% |
| Invalid Assist/Lifting Assist | 1 | 0.14% |
| Machine/Equipment Injury | 2 | 0.28% |
| MCI (Multiple Casualty Incident) | 1 | 0.14% |
| Medical Transport | 10 | 1.39% |
| Not Applicable | 17 | 2.35% |
| Not Available | 1 | 0.14% |
| Other | 47 | 6.51% |
| Overdose | 5 | 0.69% |
| Pain | 22 | 3.05% |
| Pregnancy/Childbirth | 23 | 3.19% |
| Psychiatric Problems | 12 | 1.66% |
| Seizure/Convulsions | 15 | 2.08% |
| Sick Person | 72 | 9.97% |
| Stab/Gunshot Wound | 5 | 0.69% |
| Standby | 3 | 0.42% |
| Stroke/CVA | 14 | 1.94% |
| Traffic/Transportation Accident | 80 | 11.08% |
| Traumatic Injury | 22 | 3.05% |
| Unconscious/Fainting | 15 | 2.08% |
| Unknown Problem/Man Down | 23 | 3.19% |
| Unknown | 0 | 0.00% |
| Total | 722 | 100% |

Runs by Cause of Injury

| Cause of Injury | # of Runs | % of Runs |
|--|------------|-------------|
| Assault | 17 | 2.35% |
| Bicycle Accident | 1 | 0.14% |
| Bites - code no longer used | 3 | 0.42% |
| Caught in/between Objects | 2 | 0.28% |
| Chemical Poisoning | 1 | 0.14% |
| Cut/Pierce | 5 | 0.69% |
| Drug Poisoning | 1 | 0.14% |
| Excessive Heat | 1 | 0.14% |
| Falls | 52 | 7.20% |
| Fire and Flames | 1 | 0.14% |
| Firearm Assault | 2 | 0.28% |
| Hot Object/Substance | 1 | 0.14% |
| Machinery Accidents | 1 | 0.14% |
| Motor Vehicle Non-Traffic Accident | 15 | 2.08% |
| Motor Vehicle Traffic Accident | 32 | 4.43% |
| Motor Vehicle vs Large Animal | 4 | 0.55% |
| Motor Vehicle vs Pedestrian Accident | 1 | 0.14% |
| Motorcycle Accident (E81X.1) | 2 | 0.28% |
| Not Applicable | 419 | 58.03% |
| Not Available | 2 | 0.28% |
| Not Known | 19 | 2.63% |
| Other Injury | 16 | 2.22% |
| Overexertion | 2 | 0.28% |
| Stabbing/Cutting Accidental (E986.0) | 1 | 0.14% |
| Stabbing/Cutting Assault | 3 | 0.42% |
| Struck by Blunt/Thrown Object (E965.2) | 4 | 0.55% |
| Struck by or Against | 5 | 0.69% |
| Unknown | 109 | 15.10% |
| Total | 722 | 100% |

Procedure Administered

| Procedure Name | # | % |
|-----------------------------|-----|--------|
| 12 Lead ECG | 2 | 0.28% |
| Airway-BVM | 1 | 0.14% |
| Airway-Combitube | 1 | 0.14% |
| Airway-Nasopharyngeal | 3 | 0.42% |
| Airway-Nebulizer Treatment | 3 | 0.42% |
| Airway-Oropharyngeal | 2 | 0.28% |
| Airway-Respirator Operation | 1 | 0.14% |
| Airway-Suctioning | 15 | 2.08% |
| Assessment-Adult | 369 | 51.11% |
| Assessment-Pediatric | 58 | 8.03% |

| | | |
|--|-----|--------|
| Blood Glucose Analysis | 205 | 28.39% |
| Burn Care | 1 | 0.14% |
| Cardiac Monitor | 64 | 8.86% |
| Cervical Spinal Immobilization - Rigid Collar | 18 | 2.49% |
| Cold Pack | 10 | 1.39% |
| Defibrillation - Placement for Monitoring/Analysis | 1 | 0.14% |
| External Cooling | 1 | 0.14% |
| Extrication | 1 | 0.14% |
| Hot Pack | 6 | 0.83% |
| Injections-SQ/IM | 1 | 0.14% |
| Not Applicable | 8 | 1.11% |
| Orthostatic Blood Pressure Measurement | 5 | 0.69% |
| Other | 7 | 0.97% |
| Pain Measurement | 30 | 4.16% |
| Pulse Oximetry | 374 | 51.80% |
| Rescue | 1 | 0.14% |
| Restraints-Physical | 1 | 0.14% |
| Spinal Assessment - No Deficits Noted | 20 | 2.77% |
| Spinal Immobilization | 3 | 0.42% |
| Spinal Immobilization - Long Back Board | 30 | 4.16% |
| Splinting | 18 | 2.49% |
| Stretcher | 123 | 17.04% |
| Temperature Measurement | 125 | 17.31% |
| Venous Access-Existing Catheter/IV Monitoring | 2 | 0.28% |
| Venous Access-Extremity | 216 | 29.92% |
| Venous Access-Intraosseous Pediatric | 2 | 0.28% |
| Wound Care | 43 | 5.98% |
| Wound Care - Burn Care | 2 | 0.28% |
| Wound Care - Pressure Dressing | 5 | 0.69% |
| None | 212 | 29.36% |

Medication Administered

| Medication Name | # | % |
|-------------------------------------|-----|--------|
| Acetaminophen | 3 | 0.42% |
| Albuterol Sulfate | 8 | 1.11% |
| Aspirin (ASA) | 11 | 1.52% |
| DSW (Dextrose 5% in Water) | 3 | 0.42% |
| DSW w/ 1/2 Normal Saline | 1 | 0.14% |
| Dextrose 50% (D50) | 6 | 0.83% |
| Diphenhydramine (Benadryl) | 2 | 0.28% |
| DuoNeb (0.5 Atrovent/3.0 Albuterol) | 3 | 0.42% |
| Epinephrine 1:1000 | 2 | 0.28% |
| Glucagon | 4 | 0.55% |
| Glucose (Oral) | 4 | 0.55% |
| Lactated Ringers | 10 | 1.39% |
| Lorazepam (Ativan) | 1 | 0.14% |
| Methylprednisolone (Solu-Medrol) | 1 | 0.14% |
| Morphine Sulfate | 86 | 11.91% |
| Naloxone (Narcan) | 5 | 0.69% |
| Nitroglycerin | 32 | 4.43% |
| Normal Saline | 183 | 25.35% |
| Not Applicable | 10 | 1.39% |
| Oxygen | 4 | 0.55% |
| Oxygen (non-rebreather mask) | 13 | 1.80% |
| Oxygen by Blow By | 6 | 0.83% |
| Oxygen by Mask | 6 | 0.83% |
| Oxygen by Nasal Cannula | 183 | 25.58% |
| Oxygen by Nebulizer | 2 | 0.28% |
| Oxygen by Positive Pressure Device | 1 | 0.14% |
| Promethazine HCl (Phenergan) | 45 | 6.23% |
| None | 212 | 29.36% |

Past Medical History

| Medical History | # | % |
|--|----|--------|
| Amputee | 7 | 0.97% |
| Asthma | 39 | 5.40% |
| Cancer | 4 | 0.55% |
| Cancer - Colon | 1 | 0.14% |
| Cancer - Lung | 1 | 0.14% |
| Cancer - Other Cancer Condition | 2 | 0.28% |
| Cancer - Ovarian/Uterine | 3 | 0.42% |
| Cardiac | 16 | 2.22% |
| Cardiac - Angioplasty | 10 | 1.39% |
| Cardiac - Congestive Heart Failure | 15 | 2.06% |
| Cardiac - Coronary Artery Disease | 11 | 1.52% |
| Cardiac - Dysrhythmia/Arrhythmia | 1 | 0.14% |
| Cardiac - Myocardial Infarction | 12 | 1.66% |
| Cardiac - Other Cardiac Conditions | 10 | 1.39% |
| Cardiac - Pacemaker | 11 | 1.52% |
| Cardiac - Stent | 12 | 1.66% |
| Chronic Renal Failure/Dialysis | 14 | 1.94% |
| Chronic Respiratory (COPD) | 14 | 1.94% |
| Chronic Respiratory - Bronchitis | 2 | 0.28% |
| Chronic Respiratory - Emphysema | 8 | 1.11% |
| Developmental Delay/Mental Retardation | 1 | 0.14% |
| Diabetes | 86 | 11.91% |
| Endocrine - Hyperthyroidism | 1 | 0.14% |

| | | |
|---|-----|--------|
| Endocrine - Hypothyroidism | 11 | 1.52% |
| Endocrine - Other Endocrine Condition | 2 | 0.28% |
| GUGUI - Gastric Reflux | 14 | 1.94% |
| GUGUI - Other GUGUI Condition | 2 | 0.28% |
| GUGUI - Pancreatitis | 2 | 0.28% |
| GUGUI - Ulcers | 11 | 1.52% |
| Hepatic - Cirrhosis | 3 | 0.42% |
| Hepatic - Hepatitis B | 1 | 0.14% |
| Hepatic - Hepatitis C | 2 | 0.28% |
| Hepatic - Liver Failure | 1 | 0.14% |
| Hepatic - Other Hepatic Condition | 2 | 0.28% |
| HIV/AIDS | 1 | 0.14% |
| Hypercholesterolemia | 9 | 1.25% |
| Hypertension | 111 | 15.37% |
| Hypotension | 2 | 0.28% |
| Migraine Headaches | 4 | 0.55% |
| Neurological - Fibromyalgia | 1 | 0.14% |
| Neurological - Other Neurological Condition | 11 | 1.52% |
| Neurological - Past Traumatic Brain Injury | 3 | 0.42% |
| Not Applicable | 110 | 15.24% |
| Not Available | 1 | 0.14% |
| Not Known | 3 | 0.42% |
| Osteoporosis | 1 | 0.14% |
| Other | 13 | 1.80% |
| Parent/Guardian Denies PMH | 45 | 6.23% |
| Patient Denies PMH | 127 | 17.59% |
| Prenatal Birth | 3 | 0.42% |
| Psychiatric/Behavioral Problems | 12 | 1.66% |
| Psychological/Behavioral - Anxiety Disorder (Panic Attacks) | 24 | 3.32% |
| Psychological/Behavioral - Attention Deficit Disorder | 2 | 0.28% |
| Psychological/Behavioral - Depression | 28 | 3.88% |
| Psychological/Behavioral - Manic/Depressive (BI-Polar) | 2 | 0.28% |
| Psychological/Behavioral - Other Condition | 1 | 0.14% |
| Psychological/Behavioral - Schizophrenia | 1 | 0.14% |
| Seizure Disorder/Fallure | 31 | 4.29% |
| Stroke/CVA | 17 | 2.35% |
| Substance Abuse (ETOH/Other) | 58 | 8.03% |
| TIA (Transient Ischemic Attack) | 7 | 0.97% |
| Unable to Obtain PMH | 10 | 1.39% |
| None | 108 | 15.10% |

Average Run Mileage

| To Scene | Miles | # of Runs | % of Runs |
|--------------|-------|------------|-------------|
| 0 - 5 | | 350 | 48.48% |
| 6 - 10 | | 44 | 6.09% |
| 11 - 15 | | 30 | 4.18% |
| 16 - 20 | | 24 | 3.32% |
| > 20 | | 247 | 34.21% |
| Unknown | | 27 | 3.74% |
| Total | | 722 | 100% |

| To Destination | Miles | # of Runs | % of Runs |
|----------------|-------|------------|-------------|
| 0 - 5 | | 219 | 30.33% |
| 6 - 10 | | 14 | 1.94% |
| 11 - 15 | | 4 | 0.55% |
| 16 - 20 | | 3 | 0.42% |
| > 20 | | 321 | 44.46% |
| Unknown | | 161 | 22.30% |
| Total | | 722 | 100% |

| Average Run Mileage | |
|---------------------|-----------|
| To Scene | 25 |
| To Destination | 28 |
| Total | 26 |

Range of Mileage: Lowest = -1000 and Highest = 8151

Average Run Times

| Enroute (Responding - Unit Not Yet Dispatched) | | | Response Time (Arrive Scene - Enroute) | | |
|--|------------|-------------|--|------------|-------------|
| Minutes | # of Runs | % of Runs | Minutes | # of Runs | % of Runs |
| 0 - 1 | 345 | 47.78% | 0 - 5 | 277 | 38.37% |
| 2 - 3 | 166 | 22.99% | 6 - 10 | 74 | 10.25% |
| 4 - 5 | 95 | 13.16% | 11 - 15 | 34 | 4.71% |
| > 5 | 113 | 15.65% | > 15 | 287 | 39.75% |
| Unknown | 3 | 0.42% | Unknown | 50 | 6.93% |
| Total | 722 | 100% | Total | 722 | 100% |

| Scene Time (Depart Scene - Arrive Scene) | | | Transport Time (Arrive Hospital - Depart Scene) | | |
|--|-----------|-----------|---|-----------|-----------|
| Minutes | # of Runs | % of Runs | Minutes | # of Runs | % of Runs |
| 0 - 10 | 139 | 19.25% | 0 - 5 | 135 | 18.70% |
| 11 - 20 | 251 | 34.76% | 6 - 10 | 13 | 1.80% |
| 21 - 30 | 133 | 18.42% | 11 - 15 | 13 | 1.80% |
| > 30 | 112 | 15.51% | > 15 | 340 | 47.09% |

| | | | | | |
|--------------|------------|-------------|--------------|------------|-------------|
| Unknown | 87 | 12.05% | Unknown | 221 | 30.61% |
| Total | 722 | 100% | Total | 722 | 100% |

| Hospital Time (Depart Hospital - Arrive Hospital) | | | Average Run Times | | |
|---|------------|-------------|-------------------|--|-----------------|
| Minutes | # of Runs | % of Runs | | | |
| 0 - 5 | 180 | 22.16% | Enroute | | 00:03:44 |
| 6 - 10 | 39 | 5.40% | To Scene | | 00:18:02 |
| 11 - 15 | 97 | 13.43% | At Scene | | 00:14:50 |
| > 15 | 213 | 29.50% | To Destination | | 00:34:40 |
| Unknown | 213 | 29.50% | Back In Service | | 00:16:24 |
| Total | 722 | 100% | Total | | 01:27:40 |

Range of Times: Lowest = -1424 and Highest = 1095

Runs by Response Urgency

| Response Urgency | # of Runs | % of Runs |
|------------------|------------|-------------|
| Immediate | 633 | 87.67% |
| Non-Immediate | 89 | 12.33% |
| Unknown | 0 | 0.00% |
| Total | 722 | 100% |

Runs by Vehicle Type

| Vehicle Type | # of Times | % of Times |
|--------------|------------|-------------|
| Ambulance | 721 | 99.86% |
| Unknown | 1 | 0.14% |
| Total | 722 | 100% |

Runs by Primary Role of Unit

| Primary Role of Unit | # of Times | % of Times |
|----------------------|------------|-------------|
| ALS Ground Transport | 607 | 84.07% |
| Non-Transport | 3 | 0.42% |
| Rescue | 4 | 0.55% |
| Unknown | 108 | 14.96% |
| Total | 722 | 100% |

Runs by Primary Symptom

| Primary Symptom | # of Runs | % of Runs |
|---------------------------|------------|-------------|
| Abdominal Pain | 49 | 6.79% |
| Back Pain | 18 | 2.22% |
| Bleeding | 24 | 3.32% |
| Breathing Problem | 41 | 5.68% |
| Change in Responsiveness | 22 | 3.05% |
| Chest Pain | 32 | 4.43% |
| Cough | 8 | 1.11% |
| Diarrhea | 2 | 0.28% |
| Dizziness | 8 | 1.11% |
| Eye Pain | 3 | 0.42% |
| Fever | 14 | 1.94% |
| Headache | 17 | 2.35% |
| Headache w/ Photophobia | 2 | 0.28% |
| Nausea | 2 | 0.28% |
| Mental/Psych | 12 | 1.66% |
| Nausea | 12 | 1.66% |
| No Signs or Symptoms | 19 | 2.63% |
| Not Applicable | 107 | 14.82% |
| Not Known | 1 | 0.14% |
| Obstetrics - Contractions | 8 | 0.83% |
| Other | 40 | 5.54% |
| Pain | 96 | 13.30% |
| Palpitations | 1 | 0.14% |
| Rash/Itching | 1 | 0.14% |
| Seizure/Convulsions | 10 | 1.39% |
| Swelling | 12 | 1.66% |
| Syncope | 4 | 0.55% |
| Unresponsive/Unconscious | 12 | 1.66% |
| Vaginal Hemorrhage | 3 | 0.42% |
| Weakness | 15 | 2.08% |
| Wound | 22 | 3.05% |
| Unknown | 109 | 15.10% |
| Total | 722 | 100% |

Runs by Location Type

| Location Type | # of Runs | % of Runs |
|---|-----------|-----------|
| Health Care Facility (clinic, hospital, nursing home) | 84 | 11.63% |
| Home/Residence | 338 | 46.54% |

| | | |
|--|------------|-------------|
| Industrial Place and Premises | 1 | 0.14% |
| Other Location | 25 | 3.48% |
| Place of Recreation or Sport | 3 | 0.42% |
| Public Building (schools, gov, offices) | 38 | 4.99% |
| Residential Institution (nursing home, jail/prison) | 2 | 0.28% |
| Street or Highway | 182 | 25.21% |
| Trade or Service (Business, bars, restaurants, etc.) | 50 | 8.93% |
| Unspecified place | 3 | 0.42% |
| Unknown | 0 | 0.00% |
| Total | 722 | 100% |

Response Mode to Scene

| Response Mode to Scene | # of Times | % of Times |
|--|------------|-------------|
| Initial Lights and Sirens, Downgraded to No Lights or Sirens | 5 | 0.69% |
| Initial No Lights or Sirens, Upgraded to Lights and Sirens | 2 | 0.28% |
| Lights and Sirens | 319 | 44.18% |
| No Lights and Sirens | 393 | 54.43% |
| Not Applicable | 2 | 0.28% |
| Unknown | 1 | 0.14% |
| Total | 722 | 100% |

Transport Mode from Scene

| Transport Mode from Scene | # of Times | % of Times |
|---------------------------|------------|-------------|
| Lights and Sirens | 28 | 3.60% |
| No Lights or Sirens | 370 | 51.25% |
| Not Applicable | 5 | 0.69% |
| Not Available | 1 | 0.14% |
| Not Known | 1 | 0.14% |
| Unknown | 319 | 44.18% |
| Total | 722 | 100% |

Other Services at Scene

| Other Services | # of Runs | % of Runs |
|----------------------------|-----------|-----------|
| EMS Mutual Aid | 44 | 8.09% |
| Fire | 123 | 17.04% |
| Hazmat | 2 | 0.28% |
| Law | 133 | 18.42% |
| Not Applicable | 111 | 15.37% |
| Not Available | 3 | 0.42% |
| Not Known | 11 | 1.52% |
| Other | 7 | 0.97% |
| Other Health Care Provider | 30 | 4.18% |
| Rescue | 43 | 5.96% |

Dispatch Delay

| Dispatch Delay | # | % |
|-----------------------------------|-----|--------|
| High Call Volume | 2 | 0.28% |
| Location (Inability To Obtain) | 11 | 1.52% |
| No Units Available | 3 | 0.42% |
| Not Applicable | 2 | 0.28% |
| Other | 2 | 0.28% |
| Scene Safety (Not Secure for Ems) | 2 | 0.28% |
| None | 708 | 97.78% |

Response Delay

| Response Delay | # | % |
|----------------|-----|--------|
| Directions | 17 | 2.35% |
| Distance | 84 | 8.66% |
| Not Applicable | 2 | 0.28% |
| Other | 5 | 0.69% |
| Safety | 10 | 1.39% |
| Weather | 12 | 1.66% |
| None | 630 | 87.26% |

Barriers to Patient Care

| Barriers to Patient Care | # | % |
|--------------------------|----|-------|
| Combative patient | 9 | 1.25% |
| Developmentally Impaired | 1 | 0.14% |
| Hearing Impaired | 2 | 0.28% |
| Language | 19 | 2.63% |
| Not Applicable | 4 | 0.55% |
| Not Available | 4 | 0.55% |

| | | |
|---|-----|--------|
| Physically Impaired | 6 | 0.83% |
| Physically Restrained | 2 | 0.28% |
| Speech Impaired | 1 | 0.14% |
| Unattended or Unsupervised (Including Minors) | 1 | 0.14% |
| Unconscious | 13 | 1.80% |
| Weather | 6 | 0.83% |
| None | 683 | 94.60% |

Scene Delay

| Scene Delay | # | % |
|---|-----|--------|
| Directions | 2 | 0.28% |
| Distance | 2 | 0.28% |
| Extrication > 20 Min | 8 | 1.11% |
| Not Applicable | 5 | 0.69% |
| Other | 6 | 0.83% |
| Patient Access Delay (Lockout/Physical) | 2 | 0.28% |
| Safety | 6 | 0.83% |
| Staff Delay | 2 | 0.28% |
| Vehicle Crash | 6 | 0.83% |
| Vehicle Failure | 1 | 0.14% |
| Weather | 2 | 0.28% |
| None | 688 | 95.29% |

Transport Delay

| Transport Delay | # | % |
|-----------------|-----|--------|
| Distance | 36 | 4.99% |
| Diversion | 2 | 0.28% |
| HazMat | 1 | 0.14% |
| Not Applicable | 5 | 0.69% |
| Other | 4 | 0.55% |
| Traffic | 1 | 0.14% |
| Vehicle Failure | 1 | 0.14% |
| Weather | 6 | 0.83% |
| None | 673 | 93.21% |

Runs by Gender

| Gender | # of Patients | % of Runs |
|----------------|---------------|-------------|
| Female | 300 | 41.55% |
| Male | 302 | 41.83% |
| Not Applicable | 5 | 0.69% |
| Not Known | 8 | 1.11% |
| Unknown | 107 | 14.82% |
| Total | 722 | 100% |

Runs by Ethnicity

| Ethnicity | # of Patients | % of Runs |
|------------------------|---------------|-------------|
| Hispanic or Latino | 157 | 21.75% |
| Not Applicable | 54 | 7.48% |
| Not Hispanic or Latino | 167 | 23.13% |
| Not Known | 237 | 32.83% |
| Unknown | 107 | 14.82% |
| Total | 722 | 100% |

Runs by Race

| Race | # of Patients | % of Runs |
|---|---------------|-------------|
| American Indian or Alaska Native | 332 | 45.98% |
| Asian | 1 | 0.14% |
| Black or African American | 1 | 0.14% |
| Native Hawaiian or Other Pacific Islander | 2 | 0.28% |
| Not Applicable | 3 | 0.42% |
| Not Known | 71 | 9.83% |
| Other Race | 34 | 4.71% |
| White | 171 | 23.68% |
| Unknown | 107 | 14.82% |
| Total | 722 | 100% |

Average Patient Age (based on Date of Birth)

| Age | # of Runs | % of Runs |
|-------------|-----------|-----------|
| Less Than 1 | 9 | 1.25% |
| 1 - 4 | 29 | 4.02% |
| 5 - 9 | 12 | 1.68% |
| 10 - 14 | 18 | 2.49% |

| | | |
|--------------|------------|--------------------------------|
| 15 - 19 | 42 | 5.82% |
| 20 - 24 | 50 | 6.93% |
| 25 - 34 | 118 | 16.34% |
| 35 - 44 | 78 | 10.80% |
| 45 - 54 | 75 | 10.39% |
| 55 - 64 | 60 | 8.31% |
| 65 - 74 | 68 | 9.42% |
| 75 - 84 | 38 | 5.26% |
| 85+ | 11 | 1.52% |
| Unknown | 114 | 15.79% |
| Total | 722 | 100% |
| | | Average Patient Age: 41 |

Transport Hospital

| Destination | # of Runs | % of Runs |
|--|------------|-------------|
| Crownpoint Healthcare Facility | 31 | 4.29% |
| Espanola Hosp. | 4 | 0.55% |
| Heart Hosp. of NM | 10 | 1.39% |
| Lovelace Med. Cntr. Downtown | 7 | 0.97% |
| Lovelace Westside Hosp. | 8 | 1.11% |
| Lovelace Women's Hosp. | 8 | 1.11% |
| Miscellaneous for Region I | 1 | 0.14% |
| NM VA Health Care System - Hosp./Clinics | 5 | 0.69% |
| Not Applicable | 44 | 6.09% |
| Not Available | 5 | 0.69% |
| Not Known | 1 | 0.14% |
| Presbyterian Healthcare Svcs. | 1 | 0.14% |
| Presbyterian Hosp. | 27 | 3.74% |
| Presbyterian Rust Medical Center | 58 | 8.03% |
| San Juan Regional Med. Cntr. | 30 | 4.18% |
| San Juan Regional Rehab. Hosp. | 2 | 0.28% |
| UNM Hospital | 64 | 8.86% |
| UNM Hosps. Carrie Tingley Hospital | 2 | 0.28% |
| UNM Sandoval Regional Medical Center | 92 | 12.74% |
| Veterans Administration-Albuquerque | 2 | 0.28% |
| West Mesa Med. Cntr. | 1 | 0.14% |
| No Destination | 319 | 44.18% |
| Total | 722 | 100% |

Type of Destination

| Destination Type | # of Runs | % of Runs |
|------------------------------|------------|-------------|
| Hospital | 374 | 51.80% |
| Morgue | 1 | 0.14% |
| Not Applicable | 7 | 0.97% |
| Not Available | 1 | 0.14% |
| Not Known | 1 | 0.14% |
| Not Transported | 211 | 29.22% |
| Other EMS Responder (Air) | 7 | 0.97% |
| Other EMS Responder (Ground) | 2 | 0.28% |
| Police/Jail | 10 | 1.39% |
| Unknown | 108 | 14.96% |
| Total | 722 | 100% |

Destination Determination

| Destination Determination | # of Runs | % of Runs |
|------------------------------|------------|-------------|
| Closest Facility | 223 | 30.89% |
| Diversion | 1 | 0.14% |
| Family Choice | 7 | 0.97% |
| Insurance Status | 11 | 1.52% |
| Law Enforcement Choice | 1 | 0.14% |
| Not Applicable | 28 | 3.60% |
| Not Available | 2 | 0.28% |
| Other | 2 | 0.28% |
| Patient Choice | 45 | 6.23% |
| Patient's Physician's Choice | 48 | 6.65% |
| Protocol | 2 | 0.28% |
| Specialty Resource Center | 35 | 4.85% |
| Unknown | 319 | 44.18% |
| Total | 722 | 100% |

Runs by Insurance Type with Service Level

| Type | BLS | % | ALS1 | % | ALS2 | % | SCT | % | Other | % | Total | % |
|-----------------------------|-----|-------|------|-------|------|-------|-----|-------|-------|-------|-------|-------|
| Insurance | 7 | 0.97% | 27 | 3.74% | 0 | 0.00% | 0 | 0.00% | 8 | 1.11% | 42 | 5.82% |
| Medicaid | 14 | 1.94% | 13 | 1.80% | 0 | 0.00% | 0 | 0.00% | 8 | 1.11% | 35 | 4.85% |
| Medicare | 1 | 0.14% | 33 | 4.57% | 0 | 0.00% | 0 | 0.00% | 1 | 0.14% | 35 | 4.85% |
| Not Billed (for any reason) | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% |
| Other Government | 5 | 0.69% | 12 | 1.66% | 0 | 0.00% | 0 | 0.00% | 8 | 1.11% | 25 | 3.46% |
| Self Pay | 0 | 0.00% | 2 | 0.28% | 0 | 0.00% | 0 | 0.00% | 4 | 0.55% | 8 | 0.83% |
| Workers Compensation | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% |

| | | | | | | | | | | | | |
|----------------|-----------|--------------|------------|---------------|----------|--------------|----------|--------------|------------|---------------|------------|---------------|
| Not Applicable | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% |
| Not Known | 11 | 1.52% | 62 | 8.58% | 0 | 0.00% | 0 | 0.00% | 71 | 9.83% | 144 | 19.94% |
| Not Available | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% |
| Unknown | 1 | 0.14% | 36 | 4.96% | 0 | 0.00% | 0 | 0.00% | 398 | 55.12% | 435 | 60.25% |
| Total | 62 | 8.58% | 100 | 13.54% | 0 | 0.00% | 0 | 0.00% | 469 | 64.48% | 644 | 88.48% |

Note: Category "Other" for Service Level includes calls with any other service levels such as Paramedic Intercept, Fixed Wing etc. and includes Not Applicable, Not Available and Not Known.

| | |
|---------------------------|--|
| Search Criteria | |
| Dates | From 07/01/2012 To 08/30/2013 (mm/dd/yyyy) |
| Service | Cuba Health Center Ambulance Service |
| EMS Shift | All |
| Staff | All Active |
| Unit | All |
| Call Sign | All |
| Zone/District | All |
| Type of Service Requested | All |
| Patient Disposition | All |
| Provider Impression | All |

CHECKERBOARD AREA HEALTH SYSTEM
AMBULANCE BILLING FORM
(ATTACH TO RUN REPORT)

Date: _____ Run Number: _____ Clinic Number: _____
 Last Name: _____ First Name: _____ D.O.B. _____
 Diagnosis: 1. _____ 2. _____
 3. _____ 4. _____

| CODE | SERVICE | FEE | AMOUNT |
|---------|---|--------|--------|
| A0429 | BASIC LIFE SUPPORT, 1 st patient mile | 350.00 | |
| A0425:A | Per Mile thereafter (2-50 miles) | 6.00 | |
| A0425:B | Per Mile thereafter (51 miles or more) | 4.50 | |
| A0427 | ADVANCED LIFE SUPPORT, 2 nd patient mile | 400.00 | |
| A0425:A | Per Mile thereafter (2-50 miles) | 6.00 | |
| A0425:B | Per Mile thereafter (51 miles or more) | 4.50 | |
| | TRANSFER OF PATIENT (Pre-scheduled non-emergency) | | |
| A0428 | First patient mile | 250.00 | |
| A0425:A | Per Mile thereafter (2-50 miles) | 6.00 | |
| A0425:B | Per Mile thereafter (51 miles or more) | 4.50 | |
| | USE OF OXYGEN | | |
| A0422 | MINIMUM CHARGE | 20.00 | |
| A0422:A | Each additional 15 min interval | 5.00 | |
| | SUPPLIES | | |
| A4570 | Splints | 15.00 | |
| A0999 | Backboards | 30.00 | |
| L0140 | Cervical Collar | 20.00 | |
| A4628 | Suction (per occurrence) | 20.00 | |
| A0999E | EKG monitor (per run) | 20.00 | |
| A0394 | Intravenous Therapy | 20.00 | |
| E0780 | Mini Infusion Pump | 25.00 | |
| E0445 | Pulse Oximeter | 33.00 | |
| E0617 | External Pacemaker | 125.00 | |
| A0999A | MAST pants | 20.00 | |
| A0999B | Infectious Patient Waste | 50.00 | |
| A0434 | Special Handling Aircraft or Extraction | 15.00 | |
| | STANDBY CHARGES | | |
| A0420 | First half hour | 100.00 | |
| A0420:A | Additional hours (per hour or part thereof) | 50.00 | |
| | DISPOSABLE SUPPLIES Cost plus 10% | | |
| J7030A | IV bag with setup | | ea |
| A0999IV | IV Start Kit | | ea |
| J7030:1 | IV additional bags | | ea |
| 36680 | Intraosseous Infusion | | ea |
| E0601 | C-Pap | | ea |
| A4618 | Neb Treatment | | ea |
| E0710 | Restraining Devices | | ea |

**PRESBYTERIAN MEDICAL SERVICE
CUBA HEALTH CENTER AMBULANCE SERVICE**

6349 Main St.
State Road 44
Cuba, N.M. 87013

TARIFF NO. 3

Cancels
Tariff no. 2

GOVERNING

N.M. SCC Certificate No. 13395
Ambulance Traiff

CONTAINING

Rates, Rules, Regulations, and Charges governing the
transportation of persons alive, dead or dying enroute by means of
Ambulance Service in the State of New Mexico.

NMSCC DOCKET NO. 95-04-TR-R

Issued:
MAY 28, 1996

Effective:
MAY 30, 1996

CUBA AMBULANCE SERVICE
N.M. SCC Certificate No. 13395

SUMMARY OF CHARGES

| | |
|--|----------------|
| 1. TRANSPORTATION OF PATIENTS | |
| A. Basic Life Support First Patient Mile | \$350.00 |
| Per Mile Thereafter (2-50 miles) | \$6.00 |
| Per Mile Thereafter (51 miles or more) | \$4.50 |
| B. Advanced Life Support First Patient Mile | \$400.00 |
| Per Mile Thereafter (2-50 miles) | \$6.00 |
| Per Mile Thereafter (51- miles or more) | \$4.50 |
| 2. TRANSFER OF PATIENTS (pre-scheduled non-emergency) | |
| First Patient Mile | \$250.00 |
| Per Mile Thereafter (2-50 miles) | \$6.00 |
| Per Mile Thereafter (51- miles or more) | \$4.50 |
| 3. USE OF OXYGEN | |
| Minimum Charge | \$20.00 |
| Each additional 15 - minute interval | \$5.00 |
| 4. USE OF SPLINTS (per extremity splinted) | \$15.00 |
| 5. USE OF BACK BOARDS | \$30.00 |
| 6. USE OF CERVICAL COLLAR | \$20.00 |
| 7. USE OF SUCTION (per occurrence) | \$20.00 |
| 8. USE OF EKG MONITOR (per run) | \$20.00 |
| 9. INTRAVENOUS THERAPY | \$20.00 |
| 10. USE OF MINI INFUSION PUMP | \$25.00 |
| 11. USE OF PULSE OXIMETER | \$33.00 |
| 12. USE OF EXTERNAL PACEMAKER | \$125.00 |
| 13. USE OF LIFE MONITORING SYSTEM | \$25.00 |
| 14. USE OF MAST | \$20.00 |
| 15. INFECTIOUS PATIENT/WASTE | \$50.00 |
| 16. DISPOSABLE SUPPLIES | Cost plus 10 % |
| 17. STANDBY CHARGES (First half hour) | \$100.00 |
| Additional hours (per hour or part thereof) | \$50.00 |
| 18. SPECIAL HANDLING (Per Occurrence) | \$15.00 |

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CUBA HEALTH SERVICE AMBULANCE

COMPARISON OF RATES - Current vs. Proposed

| Service Rendered | <u>Current Rate</u> | <u>Proposed Rate</u> | <u>Percent Diff.</u> |
|--|-------------------------|--------------------------|--------------------------|
| TRANSPORTATION OF PATIENTS | | | |
| Basic Life Support: | | | |
| First Patient Mile | \$175.00 | \$350.00 | 100% |
| Per Mile Thereafter (2-50 miles) | 4.00 | 6.00 | 50% |
| Per Mile Thereafter (51 miles or more) | | 4.50 | 13% |
| Advanced Life Support: | | | |
| First Patient Mile | new item | \$400.00 | |
| Per Mile (2-50 miles) | new item | 6.00 | |
| Per Mile (51 miles or more) | | 4.50 | |
| TRANSFER OF PATIENTS | | | |
| First Patient Mile | \$100.00 | \$250.00 | 150% |
| Per Mile Thereafter (2-50 miles) | 4.00 | 6.00 | 50% |
| Per Mile (51 miles or more) | | 4.50 | 13% |
| USE OF OXYGEN | | | |
| Each one-quarter hour interval | new item | \$ 15.00 | |
| USE OF SPLINTS (per extremity splinted) | new item | \$ 15.00 | |
| USE OF BACK BOARDS | new item | \$ 30.00 | |
| USE OF CERVICAL COLLAR | new item | \$ 20.00 | |
| USE OF SUCTION (per occurrence) | new item | \$ 20.00 | |
| USE OF EKG MONITORS (per run) | new item | \$ 20.00 | |
| INTRAVENOUS THERAPY | new item | \$ 20.00 | |
| USE OF MINI INFUSION PUMP | new item | \$ 25.00 | |
| USE OF PULSE OXIMETER | new item | \$ 33.00 | |
| USE OF EXTERNAL PACEMAKER | new item | \$125.00 | |
| USE OF LIFE MONITORING SYSTEM | new item | \$ 25.00 | |
| USE OF OXYGEN | new item | \$ 20.00 | |
| USE OF MAST | new item | \$ 20.00 | |
| INFECTIOUS PATIENT/WASTE | new item | \$ 50.00 | |
| DISPOSABLE SUPPLIES | cost plus 10 % | | |
| STANDBY CHARGES - GENERALLY | | | |
| First Half-Hour | | \$100.00 | |
| Additional Hours (per hour or part thereof) | | \$ 50.00 | |
| SPECIAL HANDLING | | | |
| Per Occurrence | new item | \$ 15.00 | |

SECTION 1 - RULES & REGULATIONS

DISTANCES, METHOD OF COMPUTING

The mileage or distance rates shown in this tariff shall be determined on the basis of the odometer readings of each ambulance.

Each ambulance is required to record mileage:

1. At the time the call is received
2. At the time of patient or corps pickup
3. At the time the ambulance returns to origin

Above information shall be shown on worksheets and/or invoices.

DISPOSITION OF FRACTIONS (Miles or cents)

Fractions of less than .5 or 1/2 shall be dropped. Fractions of .5 or 1/2 shall be increased to the next whole unit.

TAXES

Rates and charges named in this tariff are subject to the New Mexico Gross Receipts Tax (commonly referred to as the "New Mexico Sales Tax") and Municipal Sales Tax, unless services are specifically exempted therefrom, and shall be assessed and collected in addition to all other charges applicable in this tariff.

DESTINATION, DEFINITION OF

The destination is the point at which the patient or corpse is ultimately delivered or accepted, and the vehicle released.

SECTION 2 - RATES AND CHARGES

RATES FOR EMERGENCY TRANSPORTATION OF A SINGLE PATIENT

| | <u>Rates per mile</u> |
|--|-----------------------|
| Base plus first patient mile (Basic Life Support) | \$350.00 |
| Per mile thereafter (2-50 miles) | \$ 6.00 |
| Per mile thereafter (51 miles or more) | \$ 4.50 |
| Base plus first patient mile (Advanced Life Support) | \$400.00 |
| Per mile thereafter (2-50 miles) | \$ 6.00 |
| Per mile thereafter (51 miles or more) | \$ 4.50 |

Note:

When the services of an ambulance are requested and rendered at scene, the base rate will apply even if the patient is not transported.

RATES FOR SCHEDULED TRANSFER OF A SINGLE PATIENT

| | <u>Rates Per Mile</u> |
|--|-----------------------|
| First Patient Mile | \$250.00 |
| Per mile thereafter (2-50 miles) | \$ 6.00 |
| Per mile thereafter (51 miles or more) | |
| Return Trip Transportation (per mile) | \$ 4.50 |

Return trip charges will be incurred if patient does not remain at facility and is transported back to originating base.

METHOD OF DETERMINING CHARGES FOR MULTIPLE PATIENTS TRANSPORTED SIMULTANEOUSLY TO THE SAME DESTINATION

1. Figure the charges for a single patient transport.
2. Add 50% of this charge for each additional patient.
3. Total (1) and (2).
4. Divide total charges equally among all patients.
5. When applicable, assess additional charges per patient usage to the appropriate patient.

METHOD OF DETERMINING CHARGES FOR MULTIPLE PATIENTS TRANSPORTING TO DIFFERENT DESTINATION

1. Figure the charges for a single patient delivered to the nearest destination as set forth above. Assess 50% of this charge to each such patient.
2. Figure the charges for a single patient delivered to the most distant destination. Assess 50% of this charge against each such patient.
3. When applicable, then assess additional charges per patient usage to the appropriate patient.

STAND-BY CHARGES

When an ambulance is requested to stand-by for special events, the following charges will apply:

| | <u>Rates per hour</u> |
|--|-----------------------|
| First half-hour (or fraction thereof) | \$100.00 |
| Additional Hours (or fraction thereof) | \$ 50.00 |

Note:

In the event the ambulance is called upon to make a service run while on stand-by service, all other additional applicable charges in this tariff will apply and stand-by charges cease. When stand-by service is re-established, the \$100.00 charge will become applicable.

OXYGEN

When the use of oxygen is necessary in transporting or treating a patient, there will be a minimum charge of \$20.00 for the first hour, and \$5.00 for each additional 15-minute interval or fraction thereof. (This does not include the cost of disposable items, which shall be billed separately).

SPECIAL HANDLING

When an ambulance service call includes removing a patient from or placing a patient on aircraft and/or when a patient must be disentangled and/or extricated from a vehicle, train aircraft or other machinery, there will be an additional charge of \$15.00.

SPLINTS. USE OF

When the use of splints is necessary in transporting or stabilizing a patient, there will be an additional charge of \$15.00 for each extremity splinted.

BACKBOARDS, USE OF

When the use of backboards is necessary in transporting or stabilizing a patient, there will be an additional charge of \$30.00 for each backboard.

CERVICAL COLLAR, USE OF

When the use of a cervical collar is necessary in transporting a patient, there will be a charge of \$20.00.
(This includes the cost of the cervical collar.)

SUCTION, USE OF

When the use of suction is necessary in transporting or treating a patient, there will be an additional charge of \$15.00 per occurrence. (This does not include the cost of disposable items.)

INTRAVENOUS THERAPY

When at the direction of the attending physician or protocol, the use of intravenous therapy is deemed necessary, there will be an additional charge of \$20.00. This will include the IV tubing set-up. Only certified EMT-Intermediates or EMT-Paramedics will be utilized for this procedure. There will be an additional charge for the solutions and medications used.

MINI INFUSION PUMP

A charge of \$25.00 will be made when the Mini Infusion Pump is used to administer intravenous therapy.

PULSE OXIMETER

When at the direction of the attending physician or protocol, the use of a pulse oximeter is deemed necessary, there will be an additional charge of \$33.00.

EKG MONITORING

When at the direction of the attending physician or protocol, the use of electrocardiogram is deemed necessary, there will be an additional charge of \$20.00 per run.

EXTERNAL PACEMAKER

When at the direction of the attending physician or protocol, the use of an External Pacemaker is applied, a charge of \$125.00 will apply.

LIFE MONITORING SYSTEM

A charge of \$25.00 will be made when this system is used. The Life Monitoring System at predetermined intervals monitors vital signs including blood pressure, pulse and body temperature.

MEDICAL ANTI-SHOCK TROUSERS (MAST)

When at the direction of the attending physician or protocol, the use of the MAST is deemed necessary, there will be an additional charge of \$20.00.

MEDICAL SUPPLIES, MEDICATIONS AND EQUIPMENT

When medical supplies, medications or other related medical items are used, there will be a charge of actual cost of each item plus 10% for restocking and support cost.

These items include, but are not limited to, disposable and/or reusable medical items as deemed necessary.

Carrier is obligated to have available for Commission verification actual cost records of involved items.

INFECTIOUS PATIENT CHARGE

To cover cost of disposal supplies, equip., and unit preparations. Disposable supplies on each call, are used to comply with State and Federal Regulations, a charge of \$50.00 will apply to maintain universal precaution standards.
